



Looking at COVID-19 effects on intimate partner and sexual violence organizations in Canada through a feminist political economy lens: a qualitative study

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Abstract

Objectives Intimate partner violence and sexual violence organizations such as women’s shelters play a crucial role in advancing gender equality in Canada. COVID-19 has challenged how such organizations operate. This study explored how intimate partner violence and sexual violence organizations in Canada have been affected by COVID-19 and the consequences on service delivery.

Methods We interviewed 17 frontline and management staff from intimate partner violence and sexual violence organizations and programs across Canada, and analyzed the data using thematic analysis and applying a feminist political economy lens.

Results We identified the following themes: (1) Adapting; (2) Struggling financially; (3) Resourcefulness; (4) Troubles connecting; (5) Narrowing scope of work; and (6) Burden of care.

Conclusion A feminist political economy framework considers the gendered impact of the pandemic and related measures on the workforce. Both the pandemic and measures to control it have affected intimate partner violence and sexual violence organizations in Canada, the staff working in these organizations, and the quality of relationships between staff and clients. Intimate partner and sexual violence organizations in Canada have been chronically underfunded and their predominantly female staff underpaid, affecting their ability to meet the needs of women. The onset of COVID-19 not only worsened these issues but converged with a shift in focus to more pandemic-related tasks, further limiting the scope and reach of organizations. Whether the adaptations, innovations, and perseverance demonstrated by such organizations and staff can tip the balance in favour of more equitable policy and outcomes remains to be seen.

Résumé

Objectifs Les organismes de lutte contre la violence conjugale et la violence sexuelle, comme les hébergements pour femmes, jouent un rôle crucial dans la promotion de l’égalité des genres au Canada. La COVID-19 a remis en question le mode de fonctionnement de ces organisations. Cette étude a examiné la manière dont les organismes de lutte contre la violence conjugale et sexuelle au Canada ont été affectés par la COVID-19 et les conséquences sur la prestation de services.

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Méthodes Nous avons mené des entrevues avec 17 intervenantes de première ligne et membres de la direction d'organismes et de programmes de lutte contre la violence conjugale et sexuelle à travers le Canada. Les données ont été analysées à l'aide d'une analyse thématique et en appliquant une optique d'économie politique féministe.

Résultats Nous avons identifié les thèmes suivants : 1) adaptation; 2) difficultés financières; 3) ingéniosité; 4) difficultés à établir des liens; 5) réduction du champ d'action; et 6) charge de travail.

Conclusion Un cadre d'économie politique féministe permet d'examiner l'impact genré de la pandémie et des mesures connexes sur le personnel. La pandémie a eu des répercussions sur les organismes de lutte contre la violence conjugale et la violence sexuelle au Canada, sur le personnel qui y travaille et sur la qualité des relations entre le personnel et les clients. Les organisations de lutte contre la violence ont souffert d'un sous-financement chronique et leur personnel, majoritairement féminin, a été sous-payé, ce qui a nui à leur capacité de répondre aux besoins des femmes. L'apparition du COVID-19 a non seulement aggravé ces problèmes, mais a aussi entraîné un changement d'orientation vers des tâches plus liées à la pandémie, ce qui a limité encore davantage le champ d'action des organismes. Il reste à voir si les adaptations, les innovations et la persévérance dont font preuve ces organisations et leur personnel peuvent faire pencher la balance en faveur d'une politique et de résultats plus équitables.

Keywords COVID-19 · Intimate partner violence · Sexual violence · Canada · Service provision · Qualitative

Mots-clés COVID-19 · violence conjugale · violence sexuelle · Canada · prestation de services · qualitatif

Introduction

Intimate partner (IPV) and sexual violence (SV) are both causes and consequences of gender inequality, rooted in the power imbalance between men and women and threatening the rights and well-being of women worldwide (Council of Europe, 2011). IPV/SV organizations play a crucial role in advancing gender equality in Canada through a range of services including shelter, counselling, legal aid, and childcare support, with the aim of helping survivors achieve resilience, safety, financial autonomy, and physical and emotional well-being (Maki, 2019; Tutty, 1998). This paper explores how IPV/SV organizations have been affected by COVID-19 and the implications these consequences have on service delivery.

IPV/SV organizations have struggled with insufficient and precarious funding for decades before COVID-19, resulting in a double gendered effect on both the female staff of these organizations and the female clients whom they serve¹ (Maki 2019; Maki 2020; Tutty, 1998). For clients, insufficient funding means reduced programming and capacity, fewer resources, and lower service quality (Boucher & McWhinney, 2017; Sultana & Ravanera, 2020). Demand for shelter space often exceeds availability in Canada, with women and their children frequently turned away (Women's Shelters Canada, 2019). Though IPV/SV organizations have increasingly recognized and tried to serve women in their diversity of needs, including women with disabilities, immigrant/refugee women, and LGBTQB populations, funding issues make this

difficult (Maki 2019; Tutty 1998). For staff, budgetary constraints often translate to lower wages, reduced benefits, potential layoffs, and fewer opportunities for professional development (Boucher & McWhinney, 2017; Sultana & Ravanera, 2020). Non-competitive salaries, coupled with the intense nature of the work, have led to stress, burnout, and high staff turnover among IPV/SV organizations (Maki, 2019).

The COVID-19 pandemic has challenged the way most organizations work. In response, federal and provincial governments in Canada have initiated several emergency assistance programs, directly and indirectly benefiting IPV/SV organizations. Since May 2020, the Government of Canada has distributed \$120 million in emergency funding to over 1200 gender-based violence organizations (Women and Gender Equality Canada, 2021). However, because of the pre-existing precarious baseline of IPV/SV organizations, it is unclear whether this support has been sufficient. Many emergency funding programs are now also winding down (Government of Canada, 2021). Furthermore, as crisis situations often squeeze local and federal budgets and funding is redirected to deal with the after-effects of the crisis, social services such as gender-based violence services may be deprioritized (Fraser, 2020; Renzetti, 2009).

Organizations may also face unexpected, additional costs in the wake of a crisis. A survey of IPV shelters in Canada and the United States on disaster preparedness found that they were typically unprepared to deal with a disaster and less than half had a stockpile of emergency supplies (Enarson, 1999). In the context of COVID-19, additional costs for organizations may include purchasing personal protective equipment (PPE) and sanitation supplies. Compounding these challenges, IPV/SV organizations may simultaneously face increasing demand: since the onset of COVID-19, experts have warned

¹ Please note that by female we refer to cisgender and transgender individuals who identify as female, as well as gender fluid or intersex individuals. The majority of IPV/SV organizations in Canada provide services to not only cisgender female individuals but transgender and gender fluid individuals as well (Maki, 2019).

about the potential unintended ramifications of containment measures on the risk for gender-based violence (Evans et al., 2021; Graham-Harrison et al., 2020).

Objectives

This study explored how IPV/SV organizations in Canada have been affected by COVID-19 and the consequences on service delivery, using a feminist political economy lens. A feminist political economic lens is not merely a study of women but a critical examination of how women and their work are embedded and valued within broader society (Peterson, 2005). It analyzes the gendered economic impacts of policies and sociocultural factors on wages, resource allocation, and division of unpaid and paid labour (Isakovic, 2018). Austerity policies have resulted in cuts to health and social services, predominantly women-led sectors, thus reinforcing gender inequality through the devaluation of women's work, low wages, and job insecurity (Reis, 2018). In the context of COVID-19, a feminist political economy framework considers the gendered consequences of the pandemic and related measures on the workforce. For example, women have faced higher rates of infection due to their overrepresentation in the health and education sectors where risk of transmission is greater, and have been disproportionately affected by layoffs as they are more likely to work in affected sectors such as retail and hospitality (Chen & Bougie, 2020; Dyer, 2020; Sultana & Ravanera, 2020; United Nations, 2020). We apply this lens to our study to explore the gendered effects of the pandemic and associated measures within a highly gendered field—that of IPV/SV services.

Methods

This study adopted a qualitative descriptive study design (Sandelowski, 2000) utilizing in-depth semi-structured interviews. The study protocol was approved by the Comité d'éthique de la recherche en sciences et en santé at the Université de Montréal.

Recruitment and data collection

We recruited participants via purposive and snowball sampling from organizations offering IPV/SV programming across Canada, including women's shelters, crisis lines, counselling services, and advocacy organizations. Inclusion criteria included being frontline or management staff for an IPV/SV program or organization and being able to communicate in either English or French. The research team contacted potential participants via e-mail using a script, first reaching out to any known colleagues within

the field, and then asking them to refer us to other IPV/SV workers they knew. We made an effort to include a diversity of services (e.g. crisis lines, women's shelters, Indigenous organizations, organizations serving immigrants and refugees) and to have geographic representation (e.g. rural and urban organizations, provincial variation). All interviews were conducted online via Zoom™ by SM, HD, or EN (average duration = 70 min) and took place between June and September 2020 (for a sample of interview questions, see Table 1).

Participants

A total of 17 individuals from 15 different organizations participated in the study. All participants self-identified as women. Fourteen individuals (82%) were from organizations offering frontline services while three (18%) were from organizations that worked on advocacy and education (for an overview of participant and organizational demographic characteristics, see Table 2).

Data analysis

Interviews were audio recorded, transcribed verbatim by HD and EN, and then anonymized and checked for accuracy by SM. SM analyzed interviews in NVivo 12 using thematic analysis (Braun & Clarke, 2006), applying a feminist political economy lens, where careful attention was paid to how COVID-19 affected finances, resources, professional and domestic workload, and the health and well-being of both clients and staff. This process involved first reading each transcript to get a sense of the data, assigning preliminary codes, refining and renaming the codes following several read-throughs, and then grouping them under broader themes. Initial codes included: moving online, alternative locations, increased workload, childcare, additional expenses, fundraising, decreased capacity, networking, delayed activities, accessibility, and work–life balance. SM also sent a subset of the transcripts ($n = 4$) to the rest of the research team to validate the codebook. Once analyses were completed, participants were sent a summary, to validate the findings and ensure all quotes were accurately interpreted. The following themes were identified: (1) Adapting; (2) Struggling financially; (3) Resourcefulness; (4) Troubles connecting; (5) Narrowing scope of work; and (6) Burden of care. The first three themes reflect the effects of the pandemic and associated measures on IPV/SV organizations, while the last three themes reflect the subsequent consequences of these effects on clients, staff, and the quality of services offered. Pseudonyms are used throughout.

Table 1 Sample interview questions

How has COVID-19 affected your organization, if at all? What have been the biggest challenges?
 How do you think your staff and colleagues have been affected by the COVID-19 pandemic?
 Prompt: How has the COVID-19 pandemic affected them and their ability to carry out their duties?
 What changes did your organization have to implement to carry out its mission in the current context of COVID-19?
 Follow-up: What impacts have these changes had on the population you serve? On staff?
 Since the onset of COVID-19, have you noticed any changes in the needs of your clients? If so, what kind of changes?
 What does your organization need to fulfill its mission right now and in the coming months?
 Prompt: For example, financial resources, human resources, more clarity on government measures, etc.

Table 2 Characteristics of participants and their organizations

Participant (pseudonym)	Organization location	Services offered	Job position	
			Management staff	Frontline staff
Arielle	Central Canada	Crisis line Shelter Psychosocial support	X	
Mia	Central Canada	Advocacy & education	X	
Amelia	Central Canada	Crisis line Psychosocial support	X	X
Marie Eve	Central Canada	Crisis line	X	
Eloise	Eastern Canada	Crisis line Psychosocial support	X	
Holly	Central Canada	Shelter Psychosocial support	X	
Katherine	Eastern Canada	Psychosocial support		X
Genevieve	Western Canada	Psychosocial support	X	X
Celeste	Western Canada	Psychosocial support	X	X
Jocelyne	Central Canada	Advocacy & education	X	
Pascale	Eastern Canada	Shelter Psychosocial support	X	
Henrietta	Central Canada	Crisis line Shelter Psychosocial support	X	
Solange	Central Canada	Advocacy & education	X	
Letitia	Eastern Canada	Shelter Psychosocial support		X
Suzanne	Eastern Canada	Shelter Psychosocial support	X	
Margot	Eastern Canada	Crisis line Shelter Psychosocial support		X
Dominique	Central Canada	Crisis line Shelter Psychosocial support		X

Results

Effects on organizations

Adapting

As many IPV/SV organizations offer frontline services, they had to respond to the pandemic quickly to protect the health and safety of both clients and staff. Many participants described an overwhelming feeling of uncertainty and “develop[ing] on the fly” (Arielle, management staff) given how unprecedented the situation was. Every participant except one reported that their organization did not have an existing pandemic protocol. Most organizations reported implementing the basic public health recommendations of physical distancing, wearing PPE, and sanitizing frequently. However, several participants mentioned feeling that they lacked clear guidance from the government, particularly at the start of the pandemic, on how to best adapt their services. Public health guidelines were not necessarily applicable to their organizational context (e.g. shelter/communal living environments). Pascale, a management staff, explains that it took several weeks for their provincial government to send out public health recommendations specific to shelters:

[The government] eventually provided, I think it was dated for like May or something, it was probably like two or three weeks in, there was an actual guide to what kind of things a shelter should be doing or implementing. But again, it was like a PowerPoint presentation. Personally, I feel like we could have been better supported in implementing those things, but it could have been worse too.

Instead, several participants described turning to their organizational values to guide them in how to best adapt to the pandemic. Recognizing that many survivors have lived in situations of coercive control, participants described the trauma-informed approaches they tried to adopt. They often faced a delicate balance between protecting the health and safety of both staff and clients while also respecting the history and mental health of their clients. Arielle explains:

We are a harm reduction-based model, so there are no curfews. There’s no monitoring where individuals go. That was a really tricky one for us, in trying to establish, like if a woman was going to a house party that we knew about, that would then put the whole shelter at risk. And so we had to really flog through some really ethical challenges, in terms of the values and approach that we hold normally.

Many of the changes and policies adopted by participants’ organizations reflect this tension between mitigating COVID-19 transmission and the desire to continue supporting survivors.

Every participant but one mentioned that their organization transitioned to a virtual model for at least part of their operations during the pandemic. Some shelters, wanting to keep their doors open but recognizing the increased risk of transmission inherent to a communal living environment, implemented a 14-day quarantine requirement for women upon arrival. Other shelters chose to move their operations to a hotel, to be able to ensure adequate space for physical distancing. These adaptations allowed organizations to continue offering their services but often challenged their ability to provide the same quality of support.

Struggling financially

Implementing these new protocols was made increasingly difficult by the financial state of participating organizations. Most participants reported that their organizations were already struggling financially before COVID-19 for a variety of reasons, including high demand exceeding available funding, smaller grassroots organizations receiving little to no funding, unexpected funding cuts, and an emphasis on short-term project funding over core funding. Pascale explained how continually having to chase different funding opportunities creates stress and uncertainty:

It can’t always rely on us applying for different grants and not knowing from year to year what we’re going to get amount wise and this and that. Like every single year, I have to apply for [my worker’s] contract, for example. It’s financed by the Women’s Equality Branch, but every year we have to apply for it.

This lack of stable core funding for IPV/SV organizations reveals the shaky ground on which they operate, as they are never certain whether they will receive funding, how much, and for how long. COVID-19 further threatened the financial viability of participating organizations as they faced new, unexpected costs. To offer services virtually, participants mentioned having to purchase additional equipment for staff, including laptops and cellphones. To comply with public health guidelines, organizations had to purchase masks and sanitizer, and do minor renovations to ensure physical distancing. These new equipment requirements represent unexpected costs for which organizations had no budget, creating financial pressure at an already stressful time.

As operating costs were increasing, many organizations reported losing revenue during COVID-19. Several organizations mentioned having to cancel fundraising events on which they rely to cover the shortfall from government funding. For one organization, this represented a loss of tens of thousands of dollars: “[usually] we do a casino fundraiser. So, we actually go to a casino with 15 volunteers and we work for two nights. [...] So last time we had the casino I think we brought in \$35,000” (Celeste, management staff). Other participants operated social businesses that they were forced to pause temporarily.

While several participants mentioned receiving emergency funding from federal and provincial governments, the response to this funding was mixed. Some expressed gratitude, while others expressed frustration. Arielle explained how years of insufficient funding meant that this emergency assistance was limited in its impact:

I think the long-term viability of this is not good and something is going to have to happen. It's also not sexy money for the government to pay out, because they're not able to say we're increasing funding to support 5000 more women in the province. It's like, no, we're increasing funding, because we already underfunded you and the public can't fork those dollars out because they are themselves out of a job.

Emergency assistance appeared to be a band-aid solution, as several participants recognized that emergency funding would not last forever and that an economic crisis was looming. While it helped cover additional expenses and mitigate fundraising losses, it did not address the pre-COVID funding challenges that participants described, including inadequate funding and lack of core funding.

Resourcefulness

Despite these financial constraints, participants demonstrated resourcefulness and creativity as they navigated the pandemic. Unclear government guidelines and uncertainty about how to best respond led many organizations to turn to each other for support. Participants described informally consulting each other, having more frequent or consistent inter-organizational meetings, and hosting roundtable discussions virtually as a way to exchange ideas. Marie-Eve, a management staff, describes this as one of the positive outcomes of the pandemic:

But what I liked about it was, that even though everything was turned upside down, I think it brought us together, it created a collaborative atmosphere between resources like I hadn't seen in many years.

Another management staff, Henrietta, described that their organization leveraged existing connections they had with doctors in their community to form a medical committee to help guide them in their decision-making:

The first big step that we took, which was, for us, amazing, was setting up this medical advisory committee. And so we have a group of three of us, staff were on it, and then, three physicians. One is a pediatrician, one is a GP [general practitioner], one is actually an eye doctor, and we have someone who we consult who is

an infectious disease specialist, who has been guiding our COVID protocols every step of the way.

Other participants described forming new partnerships to address some of the challenges that arose due to the pandemic. One management staff explained that many of their frontline workers took public transit to work, which became a source of anxiety during COVID. Their organization developed a partnership with a ride sharing service, so that workers could travel to work in a way that was less risky to their health. Another frontline worker, Letitia, explained that to ensure adequate space for physical distancing, their shelter had to move to a school gym and therefore no longer had access to a kitchen. They found a solution that not only resulted in prepared meals for their clients but that also supported a local social enterprise:

Because our community is so limited in resources, we really tried to work together. So, we have a local company, a local restaurant. One of the things this local restaurant does is hire adults who don't have work experience to teach them how to work in a restaurant environment. To help them, they were shut down, we actually tried to do our part and give business to them and have our food catered in.

This example not only illustrates the resourcefulness of many IPV/SV organizations, but also their commitment to enacting positive social change despite the difficult circumstances. Similarly, Solange, a management staff, describes how she was trying to focus on the potential positive outcomes of the pandemic by using it as an opportunity to push for a feminist economic recovery plan:

We are calling for a feminist economic recovery plan and one of the things we talk a lot about is just investments in care services, so childcare services and housing [...] I think one of the eye-opening moments is just that everyone is seeing how precarious our system is and how much better we can be and should be...

Evident in these narratives are the many strategies IPV/SV organizations employ to remain resilient during crisis situations, including fostering solidarity among each other, creating new partnerships, focusing on the positive, and capitalizing on opportunities to enact change, all while in-person meetings and support were limited.

Consequences on human interactions and on staff

Troubles connecting

Providing core services virtually during the pandemic affected the extent to which organizations and staff could connect with

their clients. Some organizations noted that the communities they serve live in poverty, so having access to a phone or technology was not a given and women were not able to access services as easily as before. Even if women were able to reach out to organizations, staff described how their relationship was no longer the same. Building trust and openness is fundamental to the therapeutic relationship and staff described several obstacles to establishing this trust. Virtual sessions did not allow simple physical comforting gestures to women:

A lot of the times they come in, they are broken down, they are in tears, they can't even speak and at the end of the sessions we always give a hug. And [with COVID] it's not there. And you can still lift them up and you can still empower them but it's different. It's very, very different (Amelia, management staff/frontline worker).

With both staff and clients communicating from their homes, they also had limited privacy as other family members were more likely to be around, including clients' abusers or children. Genevieve, a management staff/frontline worker, revealed they developed coded language with their client, which may have ensured more confidentiality but limited their communication:

Before COVID, our cardinal rule was don't speak about family violence in front of the kids but now that's changed. We do a lot of closed end questions and code words, so a woman is deprived in terms of telling her story in the way that she wants. It gets a little bit solution-focused and cold.

Another worker explained that the careful, cautious way clients communicated over phone or video when perpetrators were nearby also made it increasingly difficult to gauge clients' emotional states and assess their needs.

While some services continued being offered in person, participants described similar challenges in connecting with clients. Physical distancing and wearing PPE created an unnatural divide between people. For shelters, physical distancing requirements meant closing communal areas, therefore reducing opportunities for interactions between staff and clients. Holly, a management staff of an Indigenous women's shelter that moved operations to a hotel during the pandemic, emphasized that being at the hotel made it harder for staff to connect with clients in an organic, spontaneous way:

It seems that what's gotten taken away is the informal support. That's what it is, it's that you don't have that. I'm sitting at the dining room table with you eating my lunch, and then you tell me a life story and we talk about that and I informally support you. What [COVID has]

done is every time we get together for support, it feels so formalized.

Compounding this challenge was that physical distancing measures also meant that this Indigenous organization was no longer able to offer traditional cultural rituals, including sharing circles and sweat lodges. Not only were staff and clients physically cut off from each other, but their spiritual and cultural connectivity was severed as well.

These technological, emotional, and spiritual difficulties in connecting with clients affected participants' ability to build the trusting foundation integral to their therapeutic relationship. As a result, survivors could feel less understood or supported, take longer to process and heal from their trauma, or potentially even give up on the idea of seeking support.

Narrowed scope of work

COVID-19 and associated measures limited the work and reach of organizations. Several participants recounted how implementing physical distancing requirements meant their shelter or other shelters in their communities reduced the number of women they accepted, even though there was still demand. In some cases, quarantine measures implemented by shelters meant they could not accept certain subgroups of women as not everyone would realistically be able to physically isolate for 14 days, thereby affecting the reach of these organizations:

All of these restrictions in terms of admissions, it means we're a lot less likely to be able to accept substance users. Because 2 weeks in quarantine... they can't leave the shelter unless it's to go in the backyard but if they need to drink or use drugs, it just doesn't work (Dominique, frontline worker).

Because of the urgent challenges organizations faced in addressing the pandemic, workers had to put their usual responsibilities on hold in order to focus on COVID-related tasks such as researching and synthesizing information, developing and implementing new protocols, and purchasing supplies. For Holly, the pandemic consumed most of her time and focus:

[...] We've literally just taken our jobs and have put them to the side. Like, of course, the like absolute necessary stuff that came up, you deal with it and then you go right back into COVID planning.

Previous initiatives organizations had started were paused. One advocacy organization explained that Canada has never had a national action plan on gender-based violence before, and their organization had been working in collaboration with

several others to develop one. However, the pandemic stalled this initiative as no one had the time or capacity to continue with this work. Another organization mentioned they had been in the process of developing a website for their organization to share important resources regarding IPV, but this had been delayed due to COVID-related issues. Arielle emphasized the narrowing effects of the pandemic on their organization's work:

[...] everything is just feeling like it's just being tightened and kind of brought in closer, closer, and focused less and less on sort of really doing that harder work of examining some of our core policies and values. Like that was all put on pause on the last four months, as was really intentional outreach work to communities. So I think that will have long-term ramifications in subcommunities.

Not having the time and resources to reflect on their policies and practices limited organizations' ability to learn, grow, and initiate new programs and activities to meet evolving community needs. The inability to conduct awareness-raising, educational, or outreach activities means that underlying causes of gender-based violence remain unaddressed, and IPV/SV organizations are only able to apply immediate "band-aid" solutions such as short-term shelter and counseling rather than long-term, prevention-focused solutions.

Burden of care

Finally, the pandemic revealed and compounded converging gendered challenges. More than half of participants described how the pandemic increased the workload of their staff due to increased client demand, the increased complexity of clients' needs, and new COVID-related tasks. This increased workload was exacerbated at home, where participants (all women) had to suddenly substitute for closed daycares and schools. As Solange noted:

For many of our workers who identify as women or gender diverse people, they're living that triple burden. They're having to not only go into work, if necessary, dealing with their kids if they have kids, the homeschooling obligations and balancing that with a partner if they have a partner, they're also experiencing all of that turmoil in their home life.

The narratives revealed the complex ways in which chronic underfunding to IPV/SV organizations affects the quality of life of their predominantly female staff. Staff had long been underpaid, which meant they often lived in smaller homes or apartments and therefore often did not have the room or

savings to set up a dedicated office space. Managers such as Jocelyne were aware of these constraints:

Look, my staff live... we're not talking about staff that have like, big apartments. that can like, just... keeping in mind, that it's a group that is underpaid, that their own space and resources are not necessarily sufficient.

Another management staff detailed how many of her counselors were forced, due to lack of space and the need to ensure confidentiality, to provide sexual assault crisis counseling in their bedrooms, making it difficult for them to compartmentalize and disconnect from work at the end of the day. Contributing to these difficulties in disconnecting from work was the overwhelming sense of concern many participants expressed for their clients and other survivors out there, knowing how the pandemic was likely affecting them and impeding their ability to reach out:

People who do this work are usually incredibly empathetic people, and I think that they are really concerned. They have been and they continue to be concerned about the safety of those who might be living in violent situations (Mia, management staff).

Unsurprisingly, amid the increased workload, concern for clients, and difficulties achieving work–life balance, numerous staff expressed how tired and burnt out they and their colleagues were. Katherine, a frontline worker, describes her personal experience: "It was very overwhelming. I really thought I was going to have a nervous breakdown for awhile because it was constant". Some participants' colleagues had to take a leave of absence due to childcare and mental health reasons. One worker hinted at the irony of the situation, explaining how a colleague working in the field of gender equity was considering leaving her job because she was struggling to balance work, childcare, and homeschooling demands. This loss of staff adds to the issue of narrowing scope of work, as there are then fewer workers available to support women and conduct organizational activities.

Discussion

In this study, IPV/SV organizations faced several challenges, including having to adapt services in a time of great uncertainty; financial challenges; difficulties in supporting their clients; and balancing their work and personal life amid increasing work and homelife demands. These findings offer a case study of the ways in which COVID-19 has revealed and exacerbated many gender inequities within Canada, particularly within the non-profit sector. Canadian non-profits provide a range of vital health and social services, often to marginalized or

impoverished individuals, with women comprising 77% of its workforce (Imagine Canada, 2018). Despite offering essential services, non-profits have long expressed that they receive insufficient and unsustainable funding (Baines et al., 2014). This includes women-focused organizations—Canadian governments across the political spectrum have decreased resources available to women’s organizations over the past three decades (Boucher & McWhinney, 2017; Knight & Rodgers, 2012). These cuts were especially pronounced from 2006 to 2015, when the federal government reduced funding to women’s organizations by almost 40% (Canadian Women’s Foundation, 2020; O’Grady, 2006). Governments have also shifted towards a project-based rather than a core funding model, affecting the long-term sustainability of organizations (Boucher & McWhinney, 2017). Many women’s organizations have been forced to close while others struggle with increased workloads amid dwindling support (Canadian Women’s Foundation, 2020).

The pandemic has amplified these issues. Nearly 70% of non-profits reported decreased revenues at the start of the pandemic, with 30% having to lay off staff (Lasby, 2020). One study found that, among health and social services, women comprised 94% of these job losses (Sharma & Smith, 2021). Women who remained employed were at a disproportionate risk of contracting COVID-19, due to the frontline nature of their work (Sharma & Smith, 2021). Furthermore, racialized women within Canada are more likely to hold insecure forms of employment and are over-represented in frontline care work, such as nurse aides, orderlies, and home care workers, demonstrating the ways in which COVID-19 may exacerbate not only gender inequities but other social inequities as well (Luna, 2021).

Our findings reveal that, for IPV/SV organizations, a precarious baseline converged with a shift in focus to more pandemic-related tasks that further limited their scope and reach. This narrowed scope is part of a broader history of feminist organizations within Canada. As they have increasingly relied on government funding, there has been a simultaneous shift away from a transformative social justice approach to a service provider model with increasing bureaucratic and administrative demands (Beres et al., 2009; Boucher, 2015). While federal and provincial governments distributed much-needed emergency funds to IPV/SV organizations during COVID-19 that helped keep them afloat, this funding did not entail a shift towards transforming the underlying institutions and policies that had placed these organizations in a precarious position to begin with.

This lack of funding and support to IPV/SV organizations and other health and social services not only devalues women’s work and women’s well-being and safety but also reinforces the implicit assumption that women will continue doing this work because of the stereotypical and traditional view of women as natural, empathetic caregivers. As

organizations have received less and less funding, they have increasingly relied on the unpaid labour of female volunteers (Beres et al., 2009) as well as precarious labour such as contract work, on-call positions, and part-time work (Baines et al., 2017). Our findings demonstrate that this traditional view of women as natural caregivers collided on the workfront as well as the homefront, as participants were typically the ones to take on childcare responsibilities with daycares and schools closed. Some of the negative impacts of COVID-19 have been mitigated by resourcefulness and efforts of staff and organizations to “go the extra mile”, at great and inequitable personal and organizational cost.

Chronic underfunding and devaluation of this sector affects not only the work, health, and personal life of its predominantly female staff, but their ability to meet demand and the needs of their clients. Within Canada, COVID-19 has worsened mental health and led to increased stress, unemployment, and childcare burdens, with women disproportionately being affected (Bolis et al., 2020; Grekou & Lu, 2021; Johnston et al., 2020; Moyser, 2020). In parallel, 35% of non-profits have reported increased demand during the pandemic, reflecting the increased need for support among the Canadian public (Lasby, 2020). Our previous research on the effects of COVID-19 on IPV/SV survivors demonstrate that not all women were affected equally; it is those who were already vulnerable or marginalized, such as immigrant/refugee women and the elderly, that were disproportionately affected and who had a harder time accessing needed support because of the very challenges and changes experienced by IPV/SV organizations described in this paper (Michaelsen et al., 2022). A feminist political economy approach helps to extend our understanding of COVID-related experiences at the individual level to reveal how broader policies continue to reinforce not only gender inequities but social inequities among women.

Conclusion

Both the pandemic and measures to control it have affected IPV/SV organizations, the staff working in these organizations, and the quality of relationships among staff, organizations, and clients. A feminist political economy framework considers the gendered impact of the pandemic and related measures on the workforce. It reveals the human and societal costs of social structure, power dynamics, and long-standing policy measures that allowed COVID-19 to deepen pre-existing precarities and inequities. Whether the adaptations, innovations, and perseverance demonstrated by IPV/SV organizations and staff can tip the balance in favour of more equitable policy and outcomes remains to be seen.

Contributions to knowledge

What does this study add to existing knowledge?

- Women's organizations in Canada, including intimate partner violence and sexual violence organizations, have long been underfunded, affecting their ability to meet the increasingly complex demands of women. This study adds to this existing knowledge by detailing the ways in which the COVID-19 pandemic and associated measures has (1) exacerbated this precarious financial baseline of intimate partner violence and sexual violence organizations and (2) worsened gender inequities that persisted in Canada before the pandemic, including low wages within predominantly female sectors and the balance of professional and unpaid domestic work.

What are the key implications for public health interventions, practice, or policy?

- In order for Canada to truly achieve gender equality, governments must integrate a feminist political economic lens to their policies both in times of crisis and in everyday governance.
- Governments need to provide adequate financing and support to intimate partner violence and sexual violence organizations, as well as other services that support women, such as childcare.
- Insufficient funding and support to women's organizations devalues both women's work and women's well-being and safety.

Availability of data and material The full data set cannot be made available due to the risks in identifying participants, as true anonymization would be difficult to guarantee. However, sharing portions of the data set could be done on a case-by-case basis, depending on the question and with ethics clearance.

Code availability N/A.

Author contributions SM, EN, and HD carried out the data collection under the guidance of CZ, OF, and BV. SM and CZ developed the main conceptual ideas for this manuscript. EN and HD wrote the first draft of the introduction and methods, and SM wrote the results, discussion, and revisions. OF, BV, and CZ all significantly contributed to revisions.

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Declarations

Ethics approval All procedures performed in this study involving human participants were in accordance with the ethical standards of the Université de Montréal's Comité d'éthique de la recherche en sciences

et en santé (certificate #CERSES-20-079-D) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent to participate Informed consent was obtained from all individual participants included in the study before the interviews were conducted.

Consent for publication N/A.

Conflict of interest The authors declare no competing interests.

References

- Baines, D., Cunningham, I., Campey, J., & Shields, J. (2014). Not profiting from precarity: The work of nonprofit service delivery and the creation of precariousness. *Just Labour: A Canadian Journal of Work and Society*, 22, 74–93.
- Baines, D., Cunningham, I., & Shields, J. (2017). Filling the gaps: Unpaid (and precarious) work in the nonprofit social services. *Critical Social Policy*, 37(4), 625–645. <https://doi.org/10.1177/0261018317693128>
- Beres, M. A., Crow, B., & Gotell, L. (2009). The perils of institutionalization in neoliberal times: Results of a national survey of Canadian sexual assault and rape crisis centres. *Canadian Journal of Sociology*, 34(1), 135–159.
- Bolis, M., Parvez, A., Holten, E., Mugehera, L., Abdo, N., & Moreno, M. J. (2020). *Care in the time of coronavirus: Why care work needs to be at the centre of a post-COVID-19 feminist future*. Oxfam. Retrieved from: <https://42kgab3z3i7s3rm1xf48rq44-wpengine.netdna-ssl.com/wp-content/uploads/2020/06/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf>
- Boucher, L. M. (2015). *Negotiating a neoliberal funding regime: Feminist service organizations and state funding*. [Doctoral dissertation, York University].
- Boucher, L., & McWhinney, T. (2017). *Funding for women's organizations: Policy briefing note*. Policy4Women. Retrieved from: <https://www.criaw-icref.ca/wp-content/uploads/2021/04/Funding-for-Womens-Organizations.pdf>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Canadian Women's Foundation. (2020). *Resetting normal: Funding a thriving women's sector*. Retrieved from: <https://canadianwomen.org/wp-content/uploads/2020/05/Resetting-Normal-Report-Womens-Sector.pdf>
- Chen, I., & Bougie, O. (2020). Women's issues in pandemic times: How COVID-19 has exacerbated gender inequities for women in Canada and around the world. *Journal of Obstetrics and Gynaecology Canada*, 42(12), 1458–1459. <https://doi.org/10.1016/j.jogc.2020.06.010>
- Council of Europe. (2011). Council of Europe Convention on preventing and combating violence against women and domestic violence. Istanbul Convention. Retrieved from: <https://rm.coe.int/168008482e>
- Dyer, E. (2020). *COVID-19 is changing the way men and women split the risk in the workplace*. CBC News. Retrieved from: <https://www.cbc.ca/news/politics/covid-pandemic-gender-1.5754089>
- Enarson, E. (1999). Violence against women in disasters. *Violence Against Women*, 5(7), 742–768. <https://doi.org/10.1177/10778019922181464>
- Evans, M. L., Lindauer, M., & Farrell, M. E. (2021). A pandemic within a pandemic: Intimate partner violence during Covid-19. *The New*

- England Journal of Medicine*, 383, 2302–2304. <https://doi.org/10.1056/NEJMp2024046>
- Fraser, E. (2020). *Impact of COVID-19 pandemic on violence against women and girls (Helpdesk Research Report No. 284)*. UK Department for International Development. Retrieved from: <https://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>
- Government of Canada. (2021). Canada's COVID-19 economic response plan. Retrieved 10 November 2021, from: <https://www.canada.ca/en/department-finance/economic-response-plan.html>
- Graham-Harrison, E., Giuffrida, A., Smith, H., & Ford, L. (2020). Lockdowns around the world bring rise in domestic violence. *The Guardian*. Retrieved 10 June 2021, from: <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- Grekou, D., & Lu, Y. (2021). *Gender differences in employment one year into the COVID-19 pandemic: An analysis by industrial sector and firm size*. Statistics Canada. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/36-28-0001/2021005/article/00005-eng.htm>
- Imagine Canada. (2018). About the non-profit sector. Retrieved 27 May 2022, from: <https://imaginecanada.ca/en/About-the-sector>
- Isakovic, N.P. (2018). *A WILPF guide to feminist political economy*. Women's International League for Peace and Freedom. Retrieved from: https://www.wilpf.org/wp-content/uploads/2019/07/WILPF_Feminist-Political-Economy-Guide.pdf
- Johnston, R., Mohammed, A., & van der Linden, C. (2020). Evidence of exacerbated gender inequality in childcare obligations in Canada and Australia during the COVID-19 pandemic. *Politics & Gender*, 16(4), 1131–1141. <https://doi.org/10.1017/s1743923x20000574>
- Knight, M., & Rodgers, K. (2012). "The government is operationalizing neo-liberalism": Women's organizations, Status of Women Canada, and the struggle for progressive social change in Canada. *NORA - Nordic Journal of Feminist And Gender Research*, 20(4), 266–282. <https://doi.org/10.1080/08038740.2012.747786>
- Lasby, D. (2020). *Charities & the COVID-19 pandemic*. Imagine Canada. Retrieved from: https://imaginecanada.ca/sites/default/files/COVID-19%20Sector%20Monitor%20Report%20ENGLISH_0.pdf
- Luna, K.C. (2021). *Women and COVID-19: Overview*. Canadian Research Institute for the Advancement of Women. Retrieved from: <https://www.criaw-icref.ca/wp-content/uploads/2021/04/Women-and-COVID-19-Overview-1.pdf>
- Maki, K. (2019). *More than a bed: A national profile of VAW shelters and transition houses*. Women's Shelters Canada. Retrieved from: <https://endvaw.ca/wp-content/uploads/2019/04/More-Than-a-Bed-Final-Report.pdf>
- Maki, K. (2020). *Breaking the cycle of abuse and closing the housing gap: Second stage shelters in Canada*. Women's Shelters Canada. Retrieved from: <https://endvaw.ca/wp-content/uploads/2020/09/Second-Stage-Shelters-Full-Report.pdf>
- Michaelsen, S., Djiofack, H., Nombro, E., Ferlatte, O., Vissandjée, B., & Zarowsky, C. (2022). Service provider perspectives on how COVID-19 and pandemic restrictions have affected intimate partner and sexual violence survivors in Canada: a qualitative study. *BMC Women's Health*, 22(111).
- Moyser, M. (2020). Gender differences in mental health during the COVID-19 pandemic. Statistics Canada. Retrieved 27 May 2020, from: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00047-eng.htm>
- O'Grady, K. (2006). Status of Women Canada cuts a loss for healthy democracy. *Canadian Woman Studies*, 25(3), 79–80.
- Peterson, V. S. (2005). How (the meaning of) gender matters in political economy. *New Political Economy*, 10(4), 499–521.
- Reis, S. (2018). *The impact of austerity on women in the UK*. Women's Budget Group. Retrieved from: <https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/WBG.pdf>
- Renzetti, C.M. (2009). Economic stress and domestic violence. National Online Resource Center on Violence Against Women. Retrieved 8 June 2021, from: <https://vawnet.org/material/economic-stress-and-domestic-violence>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334–340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Sharma, L., & Smith, J. (2021). COVID-19's effects on the healthcare and social assistance workforce in Canada: Gendered employment loss and wage inequality 2020–2021. *Gender & COVID-19*. Retrieved from: https://www.genderandcovid-19.org/wp-content/uploads/2021/11/PAC00490_Gender-and-Covid-19-Canadian-Healthcare.pdf
- Sultana, A. & Ravanera, C. (2020). *A feminist economic recovery plan for Canada: Making the economy work for everyone*. The Institute for Gender and the Economy (GATE) and YWCA Canada. Retrieved from: <https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/1595955746613/Feminist+Economy+Recovery+Plan+for+Canada.pdf>
- Tutty, L.M. (1998). *Shelters for abused women in Canada: A celebration of the past, challenges for the future*. Family Violence Prevention Health Issues Division, Health Canada. Project #H5227-7-K002. Retrieved from: https://www.researchgate.net/profile/Leslie-Tutty/publication/258697645_Shelters_for_Abused_Women_in_Canada_A_Celebration_of_the_Past_Challenges_for_the_Future/links/00463528d0e2e887c7000000/Shelters-for-Abused-Women-in-Canada-A-Celebration-of-the-Past-Challenges-for-the-Future.pdf
- United Nations. (2020). *Policy brief: The impact of COVID-19 on women*. Retrieved from: <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report-policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>
- Women and Gender Equality Canada. (2021). Supporting Canadians experiencing gender-based violence during and beyond the COVID-19 pandemic. Retrieved 31 October 2021, from: <https://women-gender-equality.canada.ca/en/funding/supporting-women-children-experiencing-violence-during-covid-19.html>
- Women's Shelters Canada. (2019). *Shelter Voices: April 2019*. Retrieved from: <https://endvaw.ca/wp-content/uploads/2019/04/Shelter-Voices-2019.pdf>

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